

MAIL OR COUNTER APPLICATION FOR A  
**MICHIGAN AFFIDAVIT OF PARENTAGE**

[www.michigan.gov/mdch](http://www.michigan.gov/mdch)

State File Number (If Known) \_\_\_\_\_

**NOTE:** The Michigan Vital Records office has Affidavit of Parentage forms that were filed in the Central Paternity Registry with the state since June 1, 1997. If the Affidavit of Parentage form you are requesting was filed prior to June 1, 1997, please contact the Probate Court in the county where the mother resided at the time of signing or the Probate Court in the county where the child was born.

<b>APPLICANT (PERSON REQUESTING AFFIDAVIT OF PARENTAGE RECORD)</b>		<b>DATE:</b> /     /
<b>PLEASE PRINT CLEARLY AND LEGIBLY</b>		
	Applicant's Name	<b>IF YOU HAVE QUESTIONS OR NEED ASSISTANCE:  CALL (517) 335-8666</b>
	Mailing Address	
	City/State/Zip	

<b>Daytime Phone:</b> (       ) _____	<b>Other Phone:</b> (       ) _____
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**ARE YOU ELIGIBLE TO REQUEST AND RECEIVE THIS AFFIDAVIT OF PARENTAGE RECORD?**  
**PLEASE CHECK THE BOX THAT APPLIES TO YOU**

**ELIGIBILITY:** Effective March 31, 2003, Michigan law limits who can receive a certified copy of a Michigan Affidavit of Parentage record filed in the Central Paternity Registry since June 1, 1997. You must select which category qualifies you to request and receive the Affidavit of Parentage record.

- |  |   |
|--|---|
| <input type="checkbox"/> Mother named on the Affidavit of Parentage  | <input type="checkbox"/> Heir of the <b>deceased</b> person named in the Affidavit of Parentage |
| <input type="checkbox"/> Father named on the Affidavit of Parentage  | (Must provide information below)  |
| <input type="checkbox"/> Child named on the Affidavit of Parentage   | Specify relationship _____  |
| <input type="checkbox"/> Legal guardian of one of the persons named on Affidavit of Parentage<br>(Copy of court documented guardianship papers required)   | Date of death (Year) _____  |
| <input type="checkbox"/> Legal representative of one of the persons named on Affidavit of Parentage<br>(Official letter required; provide your state license number and name the person represented) | Name at time of death _____   |
| <input type="checkbox"/> Court of competent jurisdiction (Court order required)  | Place of death _____<br>(City, County, State)   |

<b>REQUESTED INFORMATION FOR AFFIDAVIT OF PARENTAGE</b> If any birth information is unknown, please indicate "unknown"			<b>CHILD'S DATE OF BIRTH:</b> <div style="display: flex; justify-content: space-between; width: 100%;"> <span>Month</span> <span>Day</span> <span>Year</span> </div>		
<b>CHILD'S CURRENT NAME:</b> <div style="display: flex; justify-content: space-between; width: 100%;"> <span>First</span> <span>Middle</span> <span>Last</span> </div>					
<b>MOTHER'S NAME:</b> <div style="display: flex; justify-content: space-between; width: 100%;"> <span>First</span> <span>Middle</span> <span>Last</span> </div>			<b>MOTHER'S DATE OF BIRTH:</b> <div style="display: flex; justify-content: space-between; width: 100%;"> <span>Month</span> <span>Day</span> <span>Year</span> </div>		
<b>FATHER'S NAME:</b> <div style="display: flex; justify-content: space-between; width: 100%;"> <span>First</span> <span>Middle</span> <span>Last</span> </div>			<b>FATHER'S DATE OF BIRTH:</b> <div style="display: flex; justify-content: space-between; width: 100%;"> <span>Month</span> <span>Day</span> <span>Year</span> </div>		

**STATEMENT OF ENTITLEMENT:** Misstating an identity or assuming the identity of another person is subject to criminal penalties, e.g., Michigan Compiled Laws 333.2894(b) and 333.2898 and federal laws relating to falsification in obtaining a birth record.. By signing this application, I state that I am eligible to request the Affidavit of Parentage record. I certify by my signature that the information provided by me is complete and accurate.

**K** **APPLICANT'S SIGNATURE:** (Sign Here) \_\_\_\_\_

MUST BE SIGNED AND FEE PAID IN ORDER TO PROCESS REQUEST

**TURN-AROUND TIME** - For regular or expedited mail requests, please allow additional time for mailing and our department's receipting of your payment.

**REGULAR SEARCH** - Processing time will be 10-15 business days.

**\* EXPEDITED SEARCH** - If you pay the expedited search fee (in addition to the regular search fee), a counter request will be processed in 1-3 hours. For a mail request, the processing time will be 2-5 business days.

**IF REGULAR SEARCH MAIL TO:**  
 VITAL RECORDS REQUESTS  
 PO Box 30721  
 Lansing MI 48909

**IF EXPEDITED SEARCH MAIL TO:**  
 VITAL RECORDS RUSH  
 PO Box 30721  
 Lansing MI 48909

**PAYMENT MUST BE MADE IN U.S. FUNDS BY CHECK OR MONEY ORDER PAYABLE TO THE "STATE OF MICHIGAN"**

Fees are established by state statute. A search fee covers the cost of the basic search and includes either one copy of the record or an official statement that the record is not filed with the state. Payment for additional copies will be refunded if the record cannot be located. A refund check would be mailed to you by the Department of Treasury, usually within 3-4 weeks.

Search <b>(Non-Refundable)</b> Includes One Certified Copy	\$15.00	\$
_____ Additional Copies (Each)	\$ 5.00	\$
<b>EXPEDITED SEARCH * (Non-Refundable)</b> (In addition to regular search fee)	\$ 5.00 Add'l	\$
<b>TOTAL ENCLOSED:</b>	\$	

**WE CANNOT PROCESS YOUR REQUEST WITHOUT PAYMENT. IF MAILING, PLEASE REMEMBER TO INCLUDE CHECK OR MONEY ORDER.**